

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SECTION NO.</small> 097647821	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3				2			53						
4				2			54						
5				1			55						
6				1			56						
7				1			57						
8				1			58						
9	1		1				59						
10				1			60						
11				1			61						
12				1			62						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3				TOTAL IND.						
TOTAL DEP.	16		16				TOTAL DEP.						
TOTAL CLAIMS	18		19				TOTAL CLAIMS						